

**NEW YORK STATE DEPARTMENT OF CIVIL SERVICE'S  
"MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAM FOR THE EMPIRE PLAN, EXCELSIOR PLAN,  
STUDENT EMPLOYEE HEALTH PLAN RFP"**

**Non-Quantitative Treatment Limitations**

<b>Non-Quantitative Treatment Limitation</b>	<b>Examples of limitations included in UHC's medical contract</b>
<p>Medical management standards limiting or excluding benefits based on medical necessity or medical appropriateness, or based on whether treatment is experimental or investigative</p>	<p>Preauthorization required for durable medical equipment, skilled nursing services, and home care services. Preauthorization required for certain infertility benefits - Empire Plan maintains list of "Qualified Procedures." Prenotification required for MRI, CT, PET scan or nuclear medicine test (penalty applies if call not made). UHC may deny services or pharmaceutical products deemed experimental, investigational or unproven, unless certain criteria are met.</p>
<p>Formulary design for prescription medications</p>	<p>N/A for the Rx Program. The same formulary design is in place for MHSA conditions as is for all other conditions.</p>
<p>For plans with multiple network tiers (such as preferred providers and participating providers), network tier design</p>	<p>MPN maintains three tiers for providers (chiropractors and physical therapists). Providers receive the same level of reimbursement, however, the amount of pre-treatment paperwork required varies.</p>

<p>Standards for provider admission to participate in a network, including reimbursement rates</p>	<p>UHC applies credentialing standards based on review of provider applications, which include applicable licensing, education and training. Providers must accept or come to agreement with UHC on rates for network inclusion.</p>
<p>Methods for determining usual, customary, and reasonable charges</p>	<p>FAIRHealth determines reasonable and customary amounts for Empire Plan out-of-network claims.</p>
<p>Refusal to pay for higher-cost therapies until it can be shown that a lower-cost therapy is not effective (fail-first policies or step therapy protocols)</p>	<p>N/A to the Medical Program</p>
<p>Exclusions based on failure to complete a course of treatment</p>	<p>N/A to the Medical Program</p>
<p>Restrictions based on geographic location, facility type, provider specialty, and other criteria that limit the scope or duration of benefits for services provided under the plan or coverage</p>	<p>Air ambulance is provided to the closest facility where care can be provided.</p>